



REQUEST FOR CANCELLATION OF REPAYMENT

NATIONAL DEFENSE STUDENT LOAN PROGRAM
 NATIONAL DIRECT STUDENT LOAN PROGRAM
 FEDERAL PERKINS STUDENT LOAN PROGRAM

INSTRUCTIONS & ELIGIBILITY CONDITIONS LISTED ON BACK OF FORM: PLEASE PRINT IN INK OR TYPE

PART I - GENERAL INFORMATION (To be completed by borrower)

ACCOUNT NUMBER	NAME OF LENDING INSTITUTION SAINT MARY'S UNIVERSITY OF MINNESOTA 700 Terrace Heights #13, Winona, MN 55987-1399
NAME OF BORROWER (Last, First, MI)	SOCIAL SECURITY NUMBER
STREET ADDRESS CITY, STATE, ZIP CODE	PHONE NUMBER () <input type="checkbox"/> CHECK HERE IF NEW ADDRESS OR PHONE
CANCELLATION/DEFERMENT IS REQUESTED FROM _____ TO _____ A DEFERMENT REQUEST MUST BE FILED AT THE BEGINNING OF THE WORK YEAR. AT COMPLETION OF ONE YEAR OF SERVICE, A CANCELLATION REQUEST CAN BE FILED. AN OFFICIAL JOB TITLE AND DESCRIPTION MUST BE PROVIDED WITH THIS FORM BY A CERTIFYING OFFICIAL.	
PLEASE CIRCLE REQUEST: CANCELLATION OR DEFERMENT CHECK THE TYPE OF CANCELLATION/DEFERMENT REQUESTED. MARK ONLY ONE BOX.	
<input type="checkbox"/> TEACHING-LOW INCOME STUDENTS <input type="checkbox"/> TEACHING SUBJECT MATTER-MATHEMATICS, SCIENCE, FOREIGN LANGUAGE, BILINGUAL EDUCATION <input type="checkbox"/> TEACHING- HANDICAPPED STUDENTS IN PUBLIC OR NON-PROFIT ELEMENTARY OR SECONDARY SCHOOLS (Disbursed prior to 7/23/1992) <input type="checkbox"/> TEACHING- SPECIAL EDUCATION OF INFANTS, TODDLERS, CHILDREN OR YOUTH WITH DISABILITIES (Disbursed on/ after 7/23/1992) <input type="checkbox"/> HEADSTART PROGRAM	<input type="checkbox"/> EARLY INTERVENTION - PUBLIC OR NON-PROFIT ELEMENTARY OR SECONDARY SCHOOL SYSTEM <input type="checkbox"/> NURSE/MEDICAL TECHNICIAN <input type="checkbox"/> SERVICE IN US ARMED FORCES <input type="checkbox"/> LAW ENFORCEMENT/CORRECTION OFFICER <input type="checkbox"/> VOLUNTEER SERVICE-PEACE CORPS, VISTA ACTION, DOMESTIC SERVICE <input type="checkbox"/> CHILD OR FAMILY SERVICE AGENCY- SERVICES TO HIGH-RISK CHILDREN AND FAMILIES FROM LOW INCOME COMMUNITIES
I DECLARE THAT I WAS/AM EMPLOYED FULL-TIME AS STATED ABOVE. I FURTHER DECLARE I WILL NOTIFY MY LENDER IMMEDIATELY OF ANY CHANGE IN MY STATUS. I FURTHER DECLARE IF, FOR ANY REASON, I AM UNABLE TO COMPLETE THE YEAR OF SERVICE FOR WHICH I AM REQUESTING CANCELLATION/DEFERMENT, I WILL BEGIN REPAYMENT OF MY LOAN.	
SIGNATURE OF BORROWER	DATE

PART II - CERTIFICATION (To be completed by appropriate official)

I CERTIFY THAT THE BORROWER'S DECLARATION AS TO HIS/HER FULL-TIME EMPLOYMENT, THE COMPLETION OF HIS/HER SERVICE, AND THE DESCRIPTION OF HIS/HER DUTIES IS TRUE AND CORRECT. AN OFFICIAL JOB TITLE AND DESCRIPTION MUST BE PROVIDED WITH THIS FORM.	
<input type="checkbox"/> TEACHING-LOW INCOME STUDENTS <input type="checkbox"/> TEACHING SUBJECT MATTER-MATHEMATICS, SCIENCE, FOREIGN LANGUAGE, BILINGUAL EDUCATION <input type="checkbox"/> TEACHING- HANDICAPPED STUDENTS IN PUBLIC OR NON-PROFIT ELEMENTARY OR SECONDARY SCHOOLS (Disbursed prior to 7/23/1992) <input type="checkbox"/> TEACHING- SPECIAL EDUCATION OF INFANTS, TODDLERS, CHILDREN OR YOUTH WITH DISABILITIES (Disbursed on/ after 7/23/1992) <input type="checkbox"/> HEADSTART PROGRAM	<input type="checkbox"/> EARLY INTERVENTION - PUBLIC OR NON-PROFIT ELEMENTARY OR SECONDARY SCHOOL SYSTEM <input type="checkbox"/> NURSE/MEDICAL TECHNICIAN <input type="checkbox"/> SERVICE IN US ARMED FORCES <input type="checkbox"/> LAW ENFORCEMENT/CORRECTION OFFICER <input type="checkbox"/> VOLUNTEER SERVICE-PEACE CORPS, VISTA ACTION, DOMESTIC SERVICE <input type="checkbox"/> CHILD OR FAMILY SERVICE AGENCY- SERVICES TO HIGH-RISK CHILDREN AND FAMILIES FROM LOW INCOME COMMUNITIES
SPECIFIC DATES: FROM _____ TO _____	
SIGNATURE OF REPRESENTATIVE	DATE
NAME OF INSTITUTION OR ORGANIZATION ADDRESS (CITY, STATE, AND ZIP CODE)	OFFICIAL SEAL OR STAMP OF ORGANIZATION (If none, see instructions on back)

INSTRUCTIONS:

1. PLEASE PRINT IN INK OR TYPE.
2. Complete Part I.
3. Sign and date form.
4. Have form certified in Part II. If an official seal or stamp is not available, the appropriate official must verify your status on official letterhead stationery. **FORMS WILL BE RETURNED IF ANY INFORMATION IS MISSING.**

PLEASE RETURN TO:

**SAINT MARY'S UNIVERSITY OF MINNESOTA
 FEDERAL PERKINS LOAN PROGRAM
 700 TERRACE HEIGHTS #13
 WINONA, MN 55987-1399**

FULL-TIME SERVICE ELIGIBILITY REQUIREMENTS FOR CANCELLATION OF REPAYMENT

Examine this table carefully as eligibility for several cancellations is dependent on the disbursement date of your loan. A deferment request must be filed at the beginning of your work year. At completion of one year of service, a cancellation request must be filed.

DEFERMENT CONDITION	Federal Perkins/NDSL disbursed after 7-23-92	Federal Perkins disbursed prior to 7-23-92	NDSL prior to 7-23-92
TEACHING-LOW INCOME STUDENTS	Y	Y	Y
TEACHING SUBJECT MATTER-MATHEMATICS, SCIENCE, FOREIGN LANGUAGE, BILINGUAL EDUCATION	Y	Y* Service after 10-7-1998	Y* Service after 10-7-1998
TEACHING-SPECIAL EDUCATION OF INFANTS, TODDLERS, CHILDREN OR YOUTH WITH DISABILITIES	Y	Y* Service after 10-7-1998	Y* Service after 10-7-1998
HEADSTART PROGRAM	Y	Y	Y
EARLY INTERVENTION - PUBLIC OR NON-PROFIT ELEMENTARY OR SECONDARY SCHOOL SYSTEM	Y	Y* Service after 10-7-1998	Y* Service after 10-7-1998
NURSE/MEDICAL TECHNICIAN	Y	Y* Service after 10-7-1998	Y* Service after 10-7-1998
SERVICE IN US ARMED FORCES	Y	Y	Y
LAW ENFORCEMENT/CORRECTION OFFICER	Y	Y* Only on funds received after 11-29-1990	Y* Only on funds received after 11-29-1990
VOLUNTEER SERVICE-PEACE CORPS, VISTA ACTION, DOMESTIC SERVICE	Y* Only on Perkins Loans	Y	N
CHILD OR FAMILY SERVICE AGENCY-SERVICES TO HIGH-RISK CHILDREN AND FAMILIES FROM LOW INCOME COMMUNITIES	Y	Y* Service after 10-7-1998	Y* Service after 10-7-1998

This chart is for reference only. Eligibility will be determined by the institution based on the information received and the federal regulations that apply. Contact the Perkins Office in Student Services at 1-877-304-4273, ext. 6670 or 507-457-6670 with any questions regarding eligibility.